

S. 3418 file

September 19, 1974

CONGRESSIONAL RECORD—SENATE

S 17039

the Legislative Reorganization Act of 1946, as amended, in accordance with its jurisdiction under rule XXV of the Standing Rules of the Senate, the Committee on the Budget, or any subcommittee thereof, is authorized from the date this resolution is agreed to, through February 28, 1975, in its discretion (1) to make expenditures from the contingent fund of the Senate, (2) to employ personnel, and (3) with the prior consent of the Government department or agency concerned and the Committee on Rules and Administration, to use on a reimbursable basis the services of personnel of any such department or agency.

SEC. 2. The expenses of the committee under this resolution shall not exceed \$421,000, of which amount not to exceed \$5,000 may be expended for the procurement of the services of individual consultants, or organizations thereof (as authorized by section 202 (1) of the Legislative Reorganization Act of 1946, as amended).

SEC. 3. The committee shall report its findings, together with such recommendations for legislation as it deems advisable, to the Senate at the earliest practicable date, but not later than February 28, 1975.

SEC. 4. Expenses of the committee under this resolution shall be paid from the contingent fund of the Senate upon vouchers approved by the chairman of the committee.

SENATE RESOLUTION 407—SUBMISSION OF A RESOLUTION TO REFER A BILL TO THE COURT OF CLAIMS

(Referred to the Committee on the Judiciary.)

Mr. DOMINICK submitted the following resolution:

S. RES. 407

Resolved, That the bill (S. 4025) entitled "A bill for the relief of Laszlo Szabo", now pending in the Senate, together with all the accompanying papers, is hereby referred to the chief commissioner of the United States Court of Claims; and the chief commissioner shall proceed with the same in accordance with the provisions of sections 492 and 2509 of title 28, United States Code, and report thereon to the Senate, at the earliest practicable date, giving such findings of fact and conclusions thereon as shall be sufficient to inform the Congress of the nature and character of the demand of a claim, legal or equitable, against the United States or a gratuity and the amount, if any, legally or equitably due from the United States to the claimant.

ADDITIONAL COSPONSORS OF CONCURRENT RESOLUTIONS

SENATE CONCURRENT RESOLUTION 110

At the request of Mr. KENNEDY, the Senator from Colorado (Mr. HASKELL) was added as a cosponsor of Senate Concurrent Resolution 110, a concurrent resolution relating to the situation in Cyprus.

SENATE CONCURRENT RESOLUTION 113

At the request of Mr. PERCY, the Senator from Ohio (Mr. TAFT) and the Senator from Tennessee (Mr. BROCK) were added as cosponsors of Senate Concurrent Resolution 113, relating to world food shortages and rapid population growth.

CONSUMER PROTECTION—AGENCY FOR CONSUMER ADVOCACY AMENDMENTS

AMENDMENT NO. 1899

(Ordered to be printed and to lie on the table.)

Mr. ERVIN submitted an amendment intended to be proposed by him to Amendment No. 1817 proposed to the bill (S. 707) to establish a Council of Consumer Advisers in the Executive Office of the President, to establish an independent Consumer Protection Agency, and to authorize a program of grants, in order to protect and serve the interests of consumers, and for other purposes.

AMENDMENT NOS. 1900 AND 1901

(Ordered to be printed and to lie on the table.)

Mr. STEVENS submitted two amendments intended to be proposed by him to Amendment No. 1817, proposed to the bill (S. 707), supra.

AMENDMENTS NOS. 1902 THROUGH 1909

(Ordered to be printed and to lie on the table.)

Mr. HELMS submitted eight amendments intended to be proposed by him to the bill (S. 707), supra.

AMENDMENT NO. 1910

(Ordered to be printed and to lie on the table.)

Mr. AIKEN submitted an amendment intended to be proposed by him to Amendment No. 1817, proposed to the bill (S. 707), supra.

AMENDMENT NO. 1911

(Ordered to be printed and to lie on the table.)

Mr. KENNEDY submitted an amendment intended to be proposed by him to the bill (S. 707), supra.

AMENDMENT NO. 1912

(Ordered to be printed and to lie on the table.)

Mr. TAFT submitted an amendment intended to be proposed by him to Amendment No. 1817 proposed to the bill (S. 707), supra.

AMENDMENT NO. 1913

(Ordered to be printed and to lie on the table.)

Mr. MOSS submitted an amendment intended to be proposed by him to Amendment No. 1817, proposed to the bill (S. 707), supra.

AMENDMENT NO. 1914

(Ordered to be printed and to lie on the table.)

Mr. DOLE submitted an amendment intended to be proposed by him to amendment No. 1817 proposed to the bill (S. 707), supra.

FEDERAL PRIVACY BOARD ACT—AMENDMENT

AMENDMENT NO. 1914

(Ordered to be printed and referred to the Committee on Government Operations.)

HALTING USE OF THE SOCIAL SECURITY NUMBER AS A UNIVERSAL POPULATION IDENTIFIER

Mr. GOLDWATER. Mr. President, I am introducing today for myself and the senior Senator from Illinois (Mr. PERCY) an amendment to halt the spread of the social security number as a universal population identifier. I am delighted that the Senator from Illinois, who is the ranking Republican member of the Senate Committee on Government Operations, is joining with me today as a co-author of this amendment to S. 3418, a

privacy bill which was ordered favorably reported by that committee on August 20.

Mr. President, the amendment which we are offering today is similar to S. 2537, a bill which I introduced last year to provide that no individual may be compelled to disclose his social security number for any purpose not specifically required by law. An identical bill, H.R. 9968, had been introduced in the House of Representatives last year by my son, Congressman GOLDWATER, Jr., of California.

Mr. President, when parents cannot open bank accounts for their children without obtaining social security numbers for them; when all schoolchildren in certain ninth grade classes are compelled to apply for social security numbers; when a World War I veteran is asked to furnish his social security number in order to enter a Veterans' Administration hospital; and when the account number is used and required for numerous other purposes totally unrelated with the social security program; then it is time for society to stop this drift toward reducing each person to a number.

There already have been issued a total of over 160 million social security numbers to living Americans. There is no statute or regulation which prohibits or limits use of the account number.

To the contrary, a directive President Roosevelt issued 32 years ago, is still in effect requiring that any Federal agency which establishes a new system of personal identification must use the social security number.

Numerous Americans deplore this development. They resent being constantly asked or required to disclose their social security number in order to obtain benefits to which they are legally entitled. They sense that they are losing their identity as a unique human being and are reduced to a digit in some bureaucratic file.

Scholars who have studied the situation have fears which run far deeper. These specialists consider use of the social security number as a population number will make us all become marked individuals.

What is meant is that once the social security number is set as a universal identifier, each person would leave a trail of personal data behind him for all of his life which could be immediately reassembled to confront him. Once we can be identified to the administrator in government or in business by an exclusive number, we can be pinpointed wherever we are, we can be more easily manipulated, we can be more easily conditioned, and we can be more easily coerced.

Mr. President, the use of the social security number as a method of national population numbering is inseparable from the rapid advances in the capabilities of computerized personal data equipment. The state of the art in computer data storage is now so advanced that the National Academy of Sciences actually reported in 1972 that—

It is technologically possible today, especially with recent advances in mass storage memories, to build a computerized, on-line file containing the compacted equivalent of 20 pages of typed information about the personal history and selected activities of every man, woman, and child in the United States,

arranging the system so that any single record could be retrieved in about 30 seconds.

Where will it end? Will we allow every individual in the United States to be assigned a unique identification number for use in all his governmental and business activities? Will we permit computerized personal data systems to interlink nationwide so that all the details of our personal lives can be assembled instantly for use by a single person or institution?

The time to think about the future is now. We must build into the law safeguards for personal privacy while a national numbering system is still a concept and not an accomplished fact.

Accordingly, I am introducing today with Senator PERCY an amendment to the Federal privacy legislation that will impose a moratorium on the use of social security numbers for purposes unrelated to the original social security program. Our amendment will make it unlawful for any governmental body at the Federal, State, or local level to deny to any person a right, benefit, or privilege because the individual does not want to disclose his social security account number. The amendment also provides that it shall be unlawful for anyone to discriminate against another person in any business or commercial dealings because the person chooses not to disclose his social security number.

Recognizing that what we are proposing will cause a significant change in the identification methods of a great many agencies and institutions, we provide for the phasing in of these prohibitions beginning on January 1, 1975. Any information system started after that date will be subject to the restraints of our amendment and any information system in existence before then is exempted from the amendment.

In addition to the prohibitions on the spread of the social security number in the future, the amendment includes a requirement that all agencies and persons who request of a person the disclosure of his social security number must inform the person whether disclosure is mandatory or voluntary, state the specific authority for compelling disclosure, tell what uses will be made of it, and notify what rules of confidentiality will protect these uses.

Mr. President, medical and sociological evidence proves that the need for privacy is a basic, natural one, essential both to individual physical and mental health of each human being and to the creativity of society as a whole. It is for us to determine today just how much privacy shall remain for the individual in the future, and I hope the Senate will shortly have the opportunity to act favorably upon the amendment which we have offered to protect against a national numbering system.

Mr. President, I ask unanimous consent that a copy of the amendment by myself and Senator PERCY, as coauthors, be printed in the RECORD.

There being no objection, the amendment was ordered to be printed in the RECORD, as follows:

AMENDMENT NO. 1914
MORATORIUM ON USE OF SOCIAL SECURITY NUMBERS

SEC. 307. (a) It shall be unlawful for—
(1) any Federal, State, or local government agency to deny any individual any right, benefit, or privilege provided by law because of such individual's refusal to disclose his social security account number, or

(2) any person to discriminate against any individual in the course of any business or commercial transaction or activity because of such individual's refusal to disclose his social security account number.

(b) The provisions of subsection (a) shall not apply with respect to—

(1) any disclosure which is required by Federal law, or

(2) any information system in existence and operating before January 1, 1975.

(c) Any Federal, State, or local government agency which requests an individual to disclose his social security account number, and any person who requests, in the course of any business or commercial transaction or activity, an individual to disclose his social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, what uses will be made of it, and what rules of confidentiality will govern it.

Mr. PERCY. Mr. President, the issue of the social security number, SSN, as a universal identifier, which increasingly is required to be supplied by an individual in his transactions with both the Government and with private businesses, and which may soon make it possible for anyone to link and gain access to a wide variety of different databanks, is a matter of deep concern to me and to other Members of the Senate and the House. I am pleased to join Senator GOLDWATER, who over an extended period of time has taken a very active, constructive concern in this issue, as cosponsor of an amendment to S. 3418 which addresses this concern and commend Senator GOLDWATER, my distinguished colleague, on his leadership in this important matter to every citizen.

S. 3418 is the privacy legislation that I have cosponsored with Senators ERVIN, MUSKIE, and RIBICOFF. The bill, which was unanimously reported by the Committee on Government Operations on August 20, establishes certain rights of privacy that apply to an individual's personal information. The bill also establishes a study commission, the Federal Privacy Commission, whose primary functions will be to oversee and assist Federal agencies in the implementation of this Act and to conduct a study of a wide variety of privacy issues that, for lack of adequate information and understanding, are not covered in S. 3418.

A very important subject that the Commission will study is the use of the SSN as a universal identifier. This study will respond to concerns of a wide variety of individuals who have expressed their resentment in letters to Members of Congress in recent years about having to furnish their SSN for purposes completely unrelated to social security.

The purpose of the amendment we are proposing is to halt the expansion of the use of the SSN. Its primary im-

portance is to hold the problem to a fixed dimension until the Privacy Commission completes a study and decides upon appropriate legislative recommendations to Congress. It follows the key recommendations of the widely cited Report of the Secretary of HEW's Committee on Automated Personal Data Systems, published in 1973 under the title "Records, Computers, and the Rights of Citizens." On page 126 of the report, the HEW Committee gives specific recommendations on the SSN concerning the right of an individual to refuse to disclose the social security number:

SPECIFIC RECOMMENDATIONS ON THE SOCIAL SECURITY NUMBER RIGHT OF AN INDIVIDUAL TO DISCLOSE THE SOCIAL SECURITY NUMBER

Increasing demands are being placed on individuals to furnish an SSN in circumstances when use of the SSN is not required by the Federal Government for Federal program purposes. For example, the SSN is demanded of individuals by State motor vehicle departments, by public utility companies, landlords, credit grantors, schools, colleges, and innumerable other organizations.

Existing Federal law and Social Security regulations are silent on such uses of the SSN. They provide no clear basis for keeping State and local government agencies and private organizations from demanding and using the number. As a practical matter, disclosure of one's SSN has been made a condition for obtaining many benefits and services, and legal challenges to this condition under State law have been almost uniformly unsuccessful.

If the SSN is to be stopped from becoming a "de facto" universal identifier, the individual must have the option not to disclose his number unless required to do so by the Federal government for legitimate Federal program purposes, and there must be legal authority for his refusal. Since existing law offers no such clear authority, we recommend specific, preemptive, Federal legislation providing:

(1) That an individual has the right to refuse to disclose his SSN to any person or organization that does not have specific authority provided by Federal statute to request it;

(2) That an individual has the right to redress if his lawful refusal to disclose his SSN results in the denial of a benefit, or the threat of denial of a benefit; and that, should an individual under threat of loss of benefits supply his SSN under protest to an unauthorized requestor, he shall not be considered to have forfeited his right to redress;

(3) That any oral or written request made to an individual for his SSN must be accompanied by a clear statement indicating whether or not compliance with the request is required by Federal statute, and, if so, stating the specific legal requirement."

In response to these recommendations, our amendment to S. 3418 prohibits Government agencies from conditioning any right, benefit, or privilege provided by law upon an individual's decision not to disclose his SSN. It would also prohibit discrimination against any individual who, in the course of any business or commercial transaction or activity, chooses not to furnish his number. Finally, the amendment requires that whenever a Federal agency or private organization requests an individual to supply his SSN, it must inform him whether disclosure is mandatory or vol-

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untary, by what statutory authority the number is requested, what uses will be made of it, and what rules of confidentiality will govern it.

I would like to point out that our amendment fills a void created when an earlier provision was dropped from S. 3418. It would have prohibited Government and private organizations that currently rely on the SSN from compelling an individual to furnish his number except when specifically required by law. The members of the Government Operations Committee voted to delete this provision after several important objections were identified. These objections centered around the disruption of established procedures and the uncertain but large cost involved in changing record-keeping procedures nationwide. The earlier provision would have meant redesigning forms and reprogramming computers to an unknown extent. It would have had the undesirable effect of requiring the Army to change their identification system for military personnel.

Our amendment overcomes the flaws in the earlier provision. It does not interfere with existing uses of the number. It specifically exempts any disclosure which is required by Federal law and it exempts any use of the SSN by any information system that is in existence and operating prior to January 1, 1975. Thus it will not disrupt established procedures and it will not create unwarranted cost burdens. Instead, it serves the important function of blocking further expansion of the use of the number as a universal identifier until needed policy recommendations can be developed by the Federal Privacy Commission. And finally, it brings needed congressional attention to an issue of long standing.

NATIONAL HEALTH INSURANCE ACT AMENDMENTS

AMENDMENTS NOS. 1915 AND 1916

(Ordered to be printed and referred to the Committee on Finance.)

NUTRITION AND HEALTH

Mr. McGOVERN. Mr. President, we all accept the importance of nutrition to health as a fact of life. And we all agree, too, that the prevention of illness rather than its treatment should be our priority. Yet, all too frequently we find that nutritional care is not a covered service in medical care programs or national health insurance programs. This omission works against the public interest.

It seems a certainty that some form of national health insurance will be enacted in the near future. Whatever measure is approved should recognize the importance of nutrition to health. To this end, I am introducing two amendments to S. 3286 which is known as the Kennedy-Mills national health insurance proposal. These amendments are equally appropriate to other national health insurance proposals and I trust that they will be considered as if offered to those bills.

The first amendment would change the provisions of S. 3286 which would prohibit reimbursement for a home visit for nutritional care by a registered dietitian

employed by a home health agency. S. 3286 is very specific about the home health visits that are a covered service. It includes nursing services, physical therapy, occupational therapy, speech therapy, and medical social services; but, not nutritional care. My amendment would remedy this deficiency by including nutritional care in the definition of home health services. The amendment would not increase the number of home health visits that are authorized nor change the conditions of eligibility for home health services.

My second amendment would make it clear that registered dietitians could serve as physician extenders. Under the provisions of S. 3286 as introduced the national health insurance program would cover reimbursement for services of physician assistants, nurse practitioners and "other individuals" under the supervision and control of a physician but not necessarily in his office. My amendment would make it clear that the category of "other individuals" includes registered dietitians. They would be specifically named in the legislation.

The physician extender provisions should contribute greatly to improved utilization of health manpower which is in short supply.

The amendments that I introduce today would significantly improve the health care system and the health status of our citizens. Both amendments are supported by the American Dietetic Association.

I ask unanimous consent to include at the conclusion of these remarks the testimony of the American Dietetic Association on national health insurance before the House Ways and Means Committee:

There being no objection, the testimony was ordered to be printed in the Record, as follows:

STATEMENT OF THE AMERICAN DIETETIC ASSOCIATION ON NATIONAL HEALTH INSURANCE

The American Dietetic Association is the professional association for 25,000 dietitians. Its objective is: "To improve the nutrition of human beings; to advance the science of dietetics and nutrition and to improve education in these and allied areas."

We are most appreciative of this opportunity to express the views of our membership to you today. In November 1971, you graciously listened to our opinions on National Health Insurance. Since that time there have been several additional developments both in the concept of a national health insurance program as well as mounting concern for the nutritional well-being of the population in this country.

Well aware of the value of time and with every desire to comply with your instructions relative to repetition of previous statements regarding national health insurance, we will confine our remarks to changes which have taken place since 1971. Any review of the past will be brief and will be presented only for information and emphasis.

Progress has been made in meeting the nutritional needs of some segments of the population. Since 1967 when the National Nutrition Survey was authorized both the government and the public have become increasingly aware of the importance of nutrition to health. The work of the Senate Select Committee on Nutrition and Human Needs, the recommendations of the 1969 White House Conference on Food, Nutri-

tion and Health, the 1971 White House Conference on Aging, the 1970 White House Conference on Children, the expansion of the child feeding programs, and the food stamp program are all evidence of both recognition of nutrition related problems and concern for their solution.

The steps that have been taken to solve the problems are highly commendable but the emphasis has been on curative and rehabilitative measures. We believe that this can become a never ending process if measures are not employed to prevent many of the known conditions that predispose individuals and groups to nutritional problems.

The concept underlying each of the bills under consideration today appears to be the expansion of a more comprehensive health benefits to all of the population. Coverage, benefits, administration and financing vary to some degree in each of the proposals. In our remarks today we want to state the position of The American Dietetic Association relative to the benefits, standards for providers of services and reimbursement of providers of services that we consider essential for any national health insurance plan.

We believe that nutrition services under the supervision of qualified nutrition personnel should be a component of all health and health related programs and should be designed to reach the total population with priority to such nutritionally vulnerable groups as infants, children and youth in the growing years, women in the child bearing years and the older age population.¹

H.R. 1, does not make such provision. For this reason we supported a bill in the previous Congress that would have amended H.R. 1, to authorize reimbursement for the home health visits of dietitians. The full range of nutrition services is available to the Medicare patient as long as he is in the hospital. Upon discharge to a home health agency his eligibility for the services of a dietitian through home health visits is denied under existing law.²

A Medicare patient must first be hospitalized to become eligible for home health services but is eligible only for services for the condition related to the hospitalization. Elderly persons who are afflicted with several chronic conditions may be treated for only the illness that required hospitalization. The ten State nutrition survey indicated that the elderly suffered from secondary malnutrition rather than primary. We also know that this same age group is prone to underuse of health care services and overuse of fads and quackery.

According to the Annual Statistical Supplement, 1971, of the Social Security Bulletin, between 1969 and 1971, reimbursement for home health services dropped from \$48.5 million to \$40.6 million while reimbursements for inpatient hospital care increased from \$4.5 billion to \$5.2 billion. Under the present conditions of the Hospital Insurance Program of Medicare the utilization of home health services has declined while the cost of inpatient hospital care has risen sharply.

In 1971, forty-five percent of the health bills in this country were paid by those sixty-five and over while this group represented only ten percent of the population. The average daily rate for hospital care now exceeds \$110, according to figures quoted by the Secretary of Health, Education and Welfare. Services that would assist in keeping patients from hospitalization or rehospitalization certainly are worthy of serious consideration.

The American Dietetic Association's position is that the inclusion of nutrition as a component of health care will significantly reduce the number of people requiring sick care service.³

Home health services account for less than one percent of the Medicare dollar. It is

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estimated that the extension of home health benefits to include nutritional care would cost less than \$5 million. Offering such service should offset this cost by decreased hospital utilization.

Dietitians would be the first to tell you that not all beneficiaries of home health services need nutritional care. There are those who do need it and are not having it under the present terms of Medicare simply because they cannot afford it.

Supportive of this viewpoint is an article written by Dr. Lawrence Power, Chief of Medicine and Chief of Endocrinology at Detroit General Hospital, published in the *Journal of Nutrition Education*, Vol. 5, No. 4, October-December 1973. The article is entitled "New Approaches to the Old Problem of Diabetes Education." I will quote from this only in part: "... the average patient today is disabled by a disease that has been present for five or ten more years. The leading causes of death in the United States are now coronary artery disease, obesity, emphysema, hypertension, diabetes and cerebral vascular disease. They are all characterized by progressive (often a symptomatic) stages of development evolving over many years. Yet 'the system' continues to address itself to 'the crisis.' Its emphasis, for example, is on the heart attack and its management, not the coronary artery disease that leads to it and its prevention.

"Most patients presently in need of medical care do not have traditional illnesses. . . . Most patients have long term, quietly grumbling disabilities that are manageable for protracted periods of time. Diabetes and arthritis come readily to mind. Such patients require the kind of supportive services that few existing health care centers are able to give. Such patients need a new kind of health provider. They need new ways of being instructed in the management of their disorders. In addition of course, they need new ways to finance these services."

Dr. Powers describes the population whom he serves as mostly elderly, slow to learn or change, the majority black with a few Appalachian whites. Chicanos or European immigrants. As for the average outpatient department he says "(it) provides the diabetic with much opportunity for waiting and little opportunity for learning. . . . Little does the patient realize that there are more important shortcomings in his care than waiting. The average patient is taught little or nothing about his medication and even less about the aims of therapy. As an example of these shortcomings in the diabetic area, many patients recently selected at random from within our own waiting population could not indicate what a food exchange was, why they were testing their urine for sugar, and the meaning of ketones if they found them."

In describing nutrition services in a scene which he paints as "an area of haste, crowding, unfamiliar patients, misplaced records and fragmentary care." Dr. Powers says: "The dietitian's handicaps in this arrangement simply compound the problem. . . . She is routinely called at the last minute to instruct patients who have been hospitalized for several weeks and are now dressed for discharge with waiting relatives double-parked on the street below.

"Even without these routine impediments, the dietitian is expected in a consultation or two to change the life-long habits of a group of slowly comprehending patients for whom truly effective training would require hours of time and weeks of visits."

H.R. 13870, Title XVIII amendments, Section 1883, does provide for nutrition services provided in the place of residence of those qualifying for benefits, such services to be given by a professional nutritionist if the need for such services is certified by the individual's physician. We endorse this part of the proposed legislation and recommend

that it be kept as a part of the statutory requirements.

Further, we recommend that "nutritional care," the application of nutrition science to the health care of people, be integrated into preventive, diagnostic, curative and restorative health services provided under any national health insurance program and that nutritional care, as a component of health care, be available to all people on a continuing and coordinated basis."

In a position statement adopted by The American Dietetic Association in 1971, our members recommended that "Any national health insurance program adopted include incentives for the development of preventive health services. Nutritional care should be identified in the legislation as an essential component of preventive health care service."

The Ten State National Nutrition Survey authorized by Congress which was completed in 1970, pointed up the need not only for remedial measures but for preventive ones if we are not to continue past mistakes.

The reports from this survey prompted the establishment by DHEW of a continuing national nutrition surveillance system. The Health and Nutrition Examination Survey (HANES) has been conducted by the National Center for Health Statistics since 1971 as a continuing national system to measure and then to monitor nutritional status in the United States.

A preliminary report was released in late February of this year on the most recent HANES findings. Data are based on information collected in 1971-72 from one-half of a total population sample of about 30,000 persons designed to be representative of the civilian, noninstitutional population 1-74 years of age."

The preliminary report covers dietary intake of calories, protein, iron, calcium, vitamins A and C, and biochemical findings for hemoglobin, hematocrit, and percent transferrin saturation—all related to iron levels—and for serum vitamin A, protein and albumin.

Biochemical analysis of iron levels in the blood shows that iron deficiency with anemia is most marked among persons aged 1-17 years, with the greatest problem among very young children.

Relative calcium intake (mean intake per 1,000 calories) is lower for blacks than for whites in each of the age, sex, and income groups examined. For black women 18-44 years, mean calcium intake is also low compared to either the standard or the reported intake for white women of these ages. The proportion of black women who reported calcium intakes below the standard was clearly greater especially in the low income group, than for white women.

Average intake of calories and protein, as of the specific nutrients, varied considerably with family income levels, and between black and white persons.

Over 29 percent of people ages 60-69 years with incomes below the poverty level reported an intake of less than 1,000 calories for the twenty-four hour period prior to interview, as compared with 16 percent of 60-69 age persons with incomes above poverty level.

Intake of less than 1,000 calories was reported for a higher proportion of black children aged 1-5 years than for white children of these ages.

These figures represent individuals who are "noninstitutional" but certainly they could profit health-wise from appropriate dietary counseling and prescribed preventive measures if they were available as a covered service to those who needed them. A comprehensive health insurance plan cannot ignore such data.

In a DHEW publication, "Malnutrition,

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Learning and Intelligence" published in 1973, Herbert G. Birch, M.D., Ph.D., of the Albert Einstein College of Medicine said: "It has long been recognized that the nutrition of the individual is perhaps the most ubiquitous factor affecting growth, health, and development. Inadequate nutrition results in stunting, reduced resistance to infectious disease, apathy and general behavioral unresponsiveness. In a fundamental sense it occupies a central position in the multitude of factors affecting the child's development and functional capacity."

After reviewing considerable data and research Dr. Birch concludes: "On the basis of the evidence so far set forth it may be argued with considerable justification that one can reasonably construct a chain of consequences starting from the malnutrition of the mother when she was a child, to her stunting, to her reduced efficiency as a reproducer, to intrauterine and perinatal risk to the child, and to his subsequent reduction in functional adaptive capacity."

Reports such as this have served to make the public aware of their nutritional needs and the gaps that exist in services that could help to meet these needs and thus become vital preventive measures.

The report of Forum No. 10, of the 1970 White House Conference on Children was entitled, "Keeping Children Healthy: Health Protection and Disease Prevention." In summing up their discussion of the Forum reported, "This Forum considers preventive health care to include not only good physician and dental care but also adequate housing, quality education, sufficient clothing, good nutrition, good sanitation, as well as opportunities to experience love, achieve self-respect, participate in play and become meaningfully involved with others."

In this Forum's recommendations related to preventive and constructive health services they urge that there be a comprehensive child health care program rather than the fragmented, isolated programs that now exist. Specifically in regard to nutrition they said: "Nutrition concern is seen as an indispensable component in programs for children and families, and hopefully, with nutritionists as part of the health teams in direct service or consultant roles."

One recommendation from the 1971 White House Conference on aging was "It is recommended that nutrition services and nutrition counseling be a required component of all health delivery systems, including such plans as Medicare, Medicaid, health maintenance organizations, home health services, extended care facilities and prevention programs."

There appears to be sufficient evidence that the need for nutritional care exists; that the consumer views this as a legitimate, desirable service for all age groups and expects to find this as a covered benefit in any acceptable and viable health care legislation. We recommend, therefore, that the "Part A—Scope of Benefits—Benefits Provided—Covered Services" in H.R. 13870 be amended to include "Nutrition Services." These services to be provided on both an outpatient or consultation basis and so eligible for reimbursement to the beneficiary.

We believe that it is not only nutritionally unsound to offer treatment for only a part of a problem i.e., curative and rehabilitative as the proposed legislation does, but that it also medically and financially unsound.

To plan a health program of the vastness of many of those proposed with limited or no provision for nutritional care when accumulated supportive data is available appears to be an oversight that needs prompt attention. To neglect the opportunity to insure more positive health for the population is not being totally responsive to a major health concern in this country.

"Nutritional Assessment in Health Pro-